

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

AUG 15 2016 AS

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Robert Earl Traylor

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

1:16-cv-8110

Judge Virginia M. Kendall

Magistrate Judge Susan E. Cox
PC5

Case No
(To be

① Lt. Todd vs
① John Doe
② John Doe
③ John Doe
④ John Doe
⑤ John Doe
⑥ Nurse Jane Doe
⑦ John Doe
⑧ John Doe
⑨ John Doe
⑩ John Doe
⑪ John Doe
⑫ Nurse Jane Doe

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Robert Earl Taylor
- B. List all aliases: _____
- C. Prisoner identification number: R 28891
- D. Place of present confinement: East Moline Correctional Center
- E. Address: 100 Hill Crest Rd, East Moline IL 61244

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Jane Doe - Lt. Todd
Title: Nurse
Place of Employment: Jerome Combs Kankakee County Jail
- B. Defendant: John Doe
Title: Officer
Place of Employment: Jerome Combs Kankakee County Jail
- C. Defendant: John Doe
Title: Officer
Place of Employment: Jerome Combs Kankakee County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Injury
- B. Approximate date of filing lawsuit: 2008
2009
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Robert & Taylor Patricia Harrel
- D. List all defendants: John Doe - John Doe - John Doe
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): State Court Franklin County IL, 60901
- F. Name of judge to whom case was assigned: _____
- G. Basic claim made: Injury
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Not pending - settled
- I. Approximate date of disposition: 2009

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

During SEP 21, 2015 ^(2nd week) threw October, I went
three weeks without my meds. to being
incarcerated at KANKAKEE County Jail
Jerome Combs facility. In got sick
from not having them. And was housed
^{ISOLATION} in a one man cell ^{Nov-Dec 2015} where I was
tazed five times, shot with needles,
hand cuffed, Denied medical attention,
Denied showers and running water.
to stabilize my medical conditions.
Hearing voices, High blood pressure,
mood swings, Anxiety, Depression. which
I suffer from at the appointed time.
A MENTAL-ill patient. As well.
from the following defendants.

IV. STATEMENT OF CLAIM

Place(s) of the occurrence WANKAKEE County Jail Jerome Combs
Sept-Oct
Date(s) of the occurrence NOV-DEC 2015

State here briefly the FACTS that support your case. Describe what each defendant did to violate your federal rights. You do not need to give any legal arguments or cite cases or statutes. Number each claim in a separate paragraph. Unrelated claims should be raised in a separate civil action.

THE COURT URGES YOU TO USE ONLY THE SPACE PROVIDED. Federal Rule of Civil Procedure 8(a) requires only a "short and plain statement" of your claim showing that you are entitled to relief. It is best to include only the basic, relevant facts, including dates, places, and names.

I Robert Taylor WAS INCARCERATED SEPT 21, 2015,
DUE TO A CRIMINAL OFFENSE OF BURGLARY. I WAS
ASSIGNED Judge Erickson of WANKAKEE County, and
Kristen Steeves my public defender. I WAS
TEMPORARILY HOUSED AT WANKAKEE County Jail. FOR
THE CRIMINAL OFFENSE BURGLARY. AT A \$50,000 Bond
10% \$5,000. DURING THE FIRST THREE WEEKS I
WENT WITHOUT MY MEDS. I Robert Taylor IS
MENTAL PATIENT, WHICH THE NURSE TOLD ME TO PUT
IN A REQUEST OF A SICK CALL TO THE NURSE WITH
THE PHARMACY WHERE MY MEDS ARE LOCATED.
Latuda - Depakote - Lisinpril - Calanzepam -
John Doe - MATAZAPAM. ALL FOR THE REASONS OF
HEARING VOICES, MOOD SWINGS, HIGH BLOOD PRESSURE,
ANXIETY, DEPRESSION. I WAS HOUSED IN E-POD FOR
2 WEEKS INTAKE, AND LATER MOVED TO K-B pod
FOR A COUPLE WEEKS WHERE LATER I GOT
SICK FROM IN PROPER DOSAGE OF MEDS AND FEELING
SICK FROM THEM. FROM NOT HAVING THEM OVER A
PERIOD OF TIME WHICH MADE ME FEEL SICK FROM RESTARTING
THEM

Blank lined paper with horizontal ruling lines.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

~~TO~~ TO pay ME Robert E Taylor from
the CRUEL AND UNUSUAL punishment
THAT the defendant's put me threw
during A medical procedure they tried
to stabilize. ~~me~~ In All the
incorrect ways.

VI. The plaintiff demands that the case be tried by a jury.



YES



NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this four ^{Ans} day of 9, 20 16

Robert Earl Taylor

(Signature of plaintiff or plaintiffs)

Robert EARL Taylor

(Print name)

16-28891

(I.D. Number)

East Moline C.I.

EAST Moline IL, 61244

100 Hill Crest Road.

(Address)

UNITED STATES DISTRICT COURT

Northern DISTRICT OF ILLINOIS

Robert Taylor,)
Plaintiff,)

v.)

Case No. N/A ^{yet} not Given

LT. Todd et al,)
Defendant,)

NOTICE OF FILING

To:

Prisoners Correspondent
United States District
219 Dearborn St
Chicago, IL, 60604

To:

(Original & 1 copy)

(1 copy)

PLEASE TAKE NOTICE that on the date below indicated, I have served thru the U.S. Mail, with the above named parties, the below listed documents (number of copies & originals filed are listed below the addresses of the parties):

1. 1 Complaint Under the Civil rights
2. 1 motion for Attorney
3. 1 ACCOUNT BALANCE Transaction for payment
4. _____

AFFIDAVIT OF SERVICE

State of Illinois)
County of Rock Island) ss.

I, Robert Taylor, being first duly sworn, certify that I have served the above listed documents on the parties as above indicated by placing the originals and true copies of said documents in seal envelope(s) addressed as shown above, and by depositing said envelopes(s) in the box designated for U.S. Mail at East Moline Correctional Center, H.U. Adrian Derr together with the appropriate request to the prison official responsible to affix fully prepaid First Class Postage thereon, on this day of Aug 9, 2016.

Subscribed and sworn to before me
this 09 day of August, 2016.

/s/

Robert Taylor

AFFIANT

Register NO. R-28891
East Moline Correctional Center
100 Hillcrest Road
East Moline, Illinois 61244

NOTARY PUBLIC

